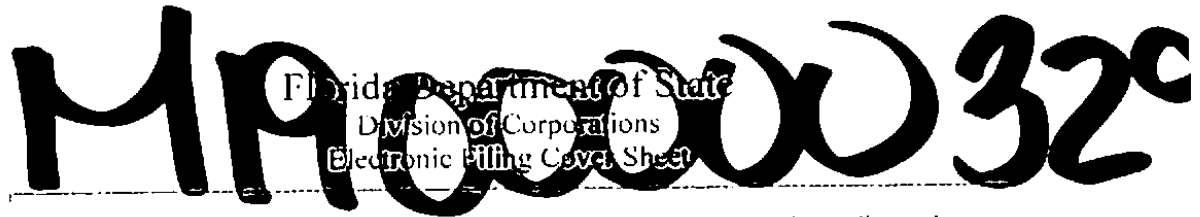


Division of Corporations



Florida Department of State
Division of Corporations
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((H19000203297 3)))



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From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON
Account Number : 074376001555
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Fax Number : (561) 483-7321

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ggoray@gate.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IP AVANTI DORAL, LLC

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JUL 05 2019

Fax Audit No. H19000203297 3

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: IP AVANTI DORAL, LLC

Enter new principal office address, if applicable: _____

(Principal office address)MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is:
- M19000003297

3. Jurisdiction of its organization:
- DELAWARE

4. Date authorized to do business in Florida:
- APRIL 2, 2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
-
- (must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records,
- enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address_____, Florida _____
City Zip CodeNew Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	IP AVANTI PROPERTIES II, LLC	2219 SAWDUST ROAD, SUITE 1903	<input type="checkbox"/> Add
		THE WOODLANDS, TX 77380	<input checked="" type="checkbox"/> Remove
MGRM	IP AVANTI GORAY PROPERTIES, LLC	2219 SAWDUST ROAD, SUITE 1903	<input checked="" type="checkbox"/> Add
		THE WOODLANDS, TX 77380	<input type="checkbox"/> Remove
CHAIRMAN CEO	Timothy P. Hekker	2219 SAWDUST ROAD, SUITE 1903	<input checked="" type="checkbox"/> Add
		THE WOODLANDS, TX 77380	<input type="checkbox"/> Remove
VICE PRES. SECRETARY	LORI ALFORD	2219 SAWDUST ROAD, SUITE 1903	<input checked="" type="checkbox"/> Add
		THE WOODLANDS, TX 77380	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Timothy P. Hekker
Signature of the authorized representative

Timothy P. Hekker

Typed or printed name of signee

Filing Fee: \$25.00

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Clerk

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IP AVANTI DORAL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IP AVANTI DORAL, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7197419 8300

SR# 20195752592

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203134825

Date: 07-01-19

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